

**South Dakota Department of Agriculture  
Division of Agricultural Services – Plant Protection Office  
523 East Capitol Ave., Foss Building  
Pierre, South Dakota 57501-3182  
Phone: (605) 773-3796 – Fax: (605) 773-3481**

**APPLICATION FOR INSPECTION AND CERTIFICATION OF DOMESTIC  
PLANTS AND PLANT PRODUCTS FOR EXPORTS**

**----- FEE SCHEDULE -----**

The fee for inspection or for obtaining samples which requires the secretary or his agent to travel to the inspection site is thirty dollars, except for fields of growing plants where the fee is one hundred dollars for the first acre and one dollar for each additional acre. Please complete items A thru H, sign the application and mail to the Department of Agriculture at the above address. Your signature constitutes an enforceable agreement for your payment of the fees regardless of whether you determine after the field visit that certification is no longer needed or you are unsatisfied with the inspection results.

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A. Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_

B. Name of Official Company Representative: \_\_\_\_\_

C. Field Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

D. Location of Field; \_\_\_\_\_

\_\_\_\_\_

E. Travel directions – general reference points: \_\_\_\_\_

\_\_\_\_\_

F. Field Descriptions (field # or identification name): \_\_\_\_\_

G. Crop: \_\_\_\_\_ Harvest Date: \_\_\_\_\_

Variety: \_\_\_\_\_ Field Size: \_\_\_\_\_

Country being shipped to: \_\_\_\_\_

Irrigated: Yes / No \_\_\_\_\_

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H. Show all major field characteristics, site locations

[illegible]

**Signature of Applicant**

Date \_\_\_\_\_

**OFFICIAL USE ONLY**

**I. Inspector:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Growth Stage: \_\_\_\_\_ Field Condition: \_\_\_\_\_

[illegible]

Remarks: